Approved for use through 12.01/2003. OMB 00750.

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City New York State NY Zip 10150-5257	PC	OWER OF ATTORNEY T	O PROSECU	E APPLICATIO	NS B	EFORE THE	USPTO
I hereby appoint:    Practitioners as sociated with the Customer Number:   60539			attorney given in	the application ident	ified in	the attached s	tatement under
OR Practitioner(s) named below (if more than ten pelant practitioners are to be named, then a customer number must be used):  Name Registration Number Number Registration Number Number Registration Number Number Number Registration Number Number Number Number Registration Number Number Number Number Registration Number Number Number Registration Number Number Registration Number Number Registration Number Registration Number Registration Number Registration Number Number Number Registration Regis							
Name Registration Number  Name Registration Number  Name Registration Number  Name Registration Number  Registrati	OF	?			i. then i	a customer numb	er must be used):
Acopy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/B8/96 or equivalent) is required to be form, together with a statement under 37 CFR 3.73(b) (Form PTO/B8/96 or equivalent) is required to be filled in which this form is used. The statement under 37 CFR 3.73(b) (Form PTO/B8/96 or equivalent) is required to be filled in the statement of the assignce.  Acopy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/B8/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) (Form PTO/B8/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 47 CFR 3.73(b) (Form PTO/B8/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 47 CFR 3.73(b) (Form PTO/B8/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 47 CFR 3.73(b) (Form PTO/B8/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 47 CFR 3.73(b) may be completed by one of the precitionser appointed in this form it is expositived practitioner is authorized to each or behalf of the assignce.  Signature  Signature  Byrott/Springer  Telephone  Telephone  Telephone  Telephone  Telephone  Telephone			Registration	1			Registration
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:    The address associated with Customer Number:   60539							
OR   Bruce E. Black, Ph.D.	Please o	this form in accordance with 37 CFR change the correspondence addre	3.73(b).				
Individual Name   DARBY & DARBY P.C.    DARBY & DARBY P.C.	لسبا	The address associated with Cust	omer Number:	60539			
City New York State NY 2th 10150-5257    County US   Telephone   (206) 262-8900   Email     Assignce Name and Address: Digeo, Inc. 8815 122nd Ave. NE     Kirkland, Washington 98033     A copy of this form, together with a statement under 37 GFR 3.73(b) (Form PTO/BB/96 or equivalent) is required to be the precitioners appointed in this form it is used. This statement under 37 GFR 3.73(b) may be completed by one of the precitioners appointed in this form if the appointed precitioners is authorized to act on behalf of the sassignee, and must identify the application in which this Power of Attorney is to be filled.    Signature   Signature   Date 6-22-66     Signature   Date 6-22-66     Telephone   Telephone	Fin						
Description   US	Address	P.O. Box 5257					
Assignee Name and Address: Digeo, Inc. 8815 122nd Ave. NE Kirkland, Washington 98033  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO(8878) or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of this practitioners appointed in this form if the appointed practitioners is authorized to act on behalf of the seasignee, and must identify the application in which this Power of Attorney is to be filled.  SignAture Tip individual whose signature and title is supplied below is subhorized to act on behalf of the assignee  Signature  Date  Date  G-22-06 Telephone Telephone	City	New York	State				
Digeo, Inc. 8815 122nd Ave. NE Kirkland, Washington 98033  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/88/96 or equivalent) is required to be filled in each application in which his form is used. The statement under 27 CFR 3.73(b) may be completed by one of the practitionser appointed in this form if the expositioned practitioner is extinoted to each or helaff of the assignment under 37 CFR 3.73(b) (Form PTO/88/96 or equivalent) is required to be filled in the practitionser appointed in this form it to support the practical professional control of the satisface.  Signature  Signature  BytostylSpringer  Telephone  Telephone  Telephone	Country	US	Telephone	(206) 262-8900	Email		
the precitioners appointed in this form if the appointed precitioner is authorized to act on behalf of the sassignee, and must identify the application in which the Power of Attorney is to be filled.  SIGNATURE of Assignee of Record  Tipe individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Name  Byrott/Springer  Date  G-22-06  Telephone	Digeo 8815 Kirklar	, Inc. 122nd Ave. NE nd, Washington 98033	ment under 37 CFF	3.73(b) (Form PTO/8	8B/96 o	r equivalent) is	required to be
Signature MAM Date 6-22-06 Name Byrot/Springer Telephone	the pract	itionare appointed in this form i identify the application in whice	the appointed pra h this Power of Att SIGNATURE of	ctitioner is authorize orney is to be filed. Assignee of Record	to sci	on behalf of the	essignee,
Name Byron/Springer Telephone	Signat	14 1. /	ture and title is supplie			<u> </u>	te
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